

KATHERIAN D. ROE  
Federal Defender

**OFFICE OF THE  
FEDERAL DEFENDER**

**District of Minnesota**

107 U.S. Courthouse  
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Minneapolis, MN 55415  
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Instructions for Completing CJA 24  
AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT

Updated February 1, 2007

Requests for blank CJA forms for transcripts (CJA24) may also be obtained from the Federal Defender's Office (612) 664-5859 Lisa.

CJA Attorneys -- Submit the forms directly to Office of the Federal Defender first. After the technical compliance review, the forms will then be forwarded to the appropriate Court personnel for ruling/processing.

For Advance Authorization - Complete the Following Boxes:

- |             |   |
|-------------|---|
| Voucher # - | Leave Blank (this will be completed by the Federal Defender office) |
| 1-11 --     | Complete -- it will be the same information that is on your CJA 20. |
| 12 --       | Why transcript is needed (Example: for trial preparation)           |
| 13 --       | Type of hearing, date of hearing, judge hearing was before          |
| 14 --       | Check any special requests  |
| 15 --       | SIGNATURE, date, name, phone number, and appointment status         |
| 18 --       | Name, address and phone number of Court Reporter (if known)         |

PLEASE CONTACT LISA OR THE OFFICE OF THE FEDERAL DEFENDER IF YOU HAVE ANY QUESTIONS WHEN COMPLETING TRANSCRIPT FORMS.

Notes:

See *Guide to Judiciary Policies and Procedures*, Volume VII, Chapter 3. [www.fd.org](http://www.fd.org)

In multi-defendant cases, no more than one transcript should be purchased from the court reporter on behalf of CJA defendants. Upon receipt of a Court-approved CJA Form 24, the Clerk of Court will arrange for photocopies of the transcripts for the second and subsequent CJA attorneys.

Rates:

The District of Minnesota adopted the following rates by Order dated 4/8/2003. Transcripts ordered prior to that date shall be billed at the rates in effect at the time the order was placed. A copy of that signed Court Order on rates can be obtained from the Clerk of Court or FD.		
	Original	First copy to each additional party
<u>Ordinary Transcript</u> A transcript to be delivered within thirty (30) calendar days after receipt of order.	\$3.30	\$.83
<u>Expedited Transcript</u> A transcript to be delivered within seven (7) calendar days after receipt of order.	\$4.40	\$.83
<u>Daily Transcript</u> A transcript to be delivered following adjournment and prior to the normal opening hour of the court on the following morning whether or not it actually is a court day.	\$5.50	\$1.10
<u>Hourly Transcript</u> A transcript of proceedings ordered under unusual circumstances to be delivered within two (2) hours.	\$6.60	\$1.10
<u>Realtime Transcript</u> A draft unedited transcript produced by a certified realtime reporter as a byproduct of realtime to be delivered electronically during proceedings or immediately following adjournment.	\$2.75	\$1.10

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe		10. REPRESENTATION TYPE <i>(See Instructions)</i>			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					

### REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED <i>(Describe briefly)</i>	
13. PROCEEDING TO BE TRANSCRIBED <i>(Describe specifically)</i> . NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).	
14. SPECIAL AUTHORIZATIONS	
A. Apportioned _____ % of transcript with <i>(Give case name and defendant)</i>	
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

JUDGE'S INITIALS

15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <div style="display: flex; justify-content: space-between;"> <div>           _____            Signature of Attorney         </div> <div>           _____            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           _____            Printed Name         </div> <div>           _____            Telephone         </div> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Panel Attorney    <input type="checkbox"/> Retained Attorney    <input type="checkbox"/> Pro-Se    <input type="checkbox"/> Legal Organization         </div>		16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  <div style="display: flex; justify-content: space-between;"> <div>           _____            Signature of Presiding Judge or By Order of the Court         </div> <div>           _____            Date of Order         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           _____            Nunc Pro Tunc Date         </div> </div>	
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### CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS  <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other		18. PAYEE'S NAME AND MAILING ADDRESS   <div style="text-align: right;">Telephone _____</div>					
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense <i>(Itemize)</i>							
<b>TOTAL AMOUNT CLAIMED:</b>							

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment <i>(compensation or anything of value)</i> from any other source for these services.  Signature of Claimant/Payee _____ Date _____	
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### ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  <div style="display: flex; justify-content: space-between;"> <div>           _____            Signature of Attorney or Clerk         </div> <div>           _____            Date         </div> </div>	
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>	
23. APPROVED FOR PAYMENT  <div style="display: flex; justify-content: space-between;"> <div>           _____            Signature of Judge or Clerk of Court         </div> <div>           _____            Date         </div> </div>	24. AMOUNT APPROVED

# SAMPLE - ADVANCE APPROVAL REQUEST FOR TRANSCRIPT

§ CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./ DIV. CODE <b>MNX</b>		2. PERSON REPRESENTED <b>JOHN DOE</b>			VOUCHER NUMBER <b>LEAVE BLANK</b>		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>05-0001 JRT/AJB</b>		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF ( <i>Case Name</i> ) <b>US V DOE</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> <b>Felony</b> <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> <b>Adult Defendant</b> <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE ( <i>See Instructions</i> ) <b>CC</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:922(g)(1) FELON IN POSSESSION OF A FIREARM</b>							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. <b>PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED</b> ( <i>Describe briefly</i> ) <b>TRIAL PREPARATION AND OBJECTIONS TO REPORT AND RECOMMENDATION</b>							
13. PROCEEDING TO BE TRANSCRIBED ( <i>Describe specifically</i> ). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> <b>MOTION HEARING HELD ON JANUARY 14, 2005 BEFORE MAGISTRATE JUDGE BOYLAN.</b>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned _____ % of transcript with ( <i>Give case name and defendant</i> )							
B. <input checked="" type="checkbox"/> <b>Expedited</b> <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <b>Attorney signs here</b> _____ <b>date</b> _____ _____ Signature of Attorney      Date  <b>Print name here</b> _____ _____ Printed Name <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judge or By Order of the Court  <b>Dated by Judge</b> _____ _____ Date of Order      Nunc Pro Tunc Date			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS  <b>INSERT NAME AND ADDRESS OF REPORTER.</b>   Telephone _____ <b>(651) xxx-xxxx</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original							
Copy							
Expense ( <i>Itemize</i> )							
<b>TOTAL AMOUNT CLAIMED:</b>							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment ( <i>compensation or anything of value</i> ) from any other source for these services.  Signature of Claimant/Payee _____ Date _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  _____ Signature of Attorney or Clerk      Date							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court      Date						24. AMOUNT APPROVED	

# SAMPLE - TRANSCRIPT VOUCHER SUBMITTED FOR FINAL PAYMENT -

§ CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03)

1. CIR./DIST./ DIV. CODE <b>MX</b>		2. PERSON REPRESENTED <b>JOHN DOE</b>			VOUCHER NUMBER <b># INSERTED BY FD OFFICE</b>		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>05-0001 JRT/AJB</b>		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>US V DOE</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> <b>Felony</b> <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> <b>Adult Defendant</b> <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>CC (criminal case)</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:922(g)(1) - FELON IN POSSESSION OF A FIREARM</b>							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>TRIAL PREPARATION AND OBJECTIONS TO REPORT AND RECOMMENDATION</b>							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).</i> <b>MOTION HEARING HELD ON JANUARY 14, 2005 BEFORE MAGISTRATE JUDGE BOYLAN.</b>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned _____ % of transcript with (Give case name and defendant)							
B. <input checked="" type="checkbox"/> <b>Expedited</b> <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							<b>Judge initials here</b>
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <b>ATTORNEY SIGNED HERE</b> _____ <b>DATE</b> _____ Signature of Attorney      Date  _____ <b>Print name here</b> Printed Name <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization				16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  <b>Judge signed here</b> _____ Signature of Presiding Judge or By Order of the Court  _____ <b>Dated by Judge</b> _____ Date of Order      Nunc Pro Tunc Date			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> <b>Official</b> <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS  <b>Court reporter name and address</b>  _____ Telephone <b>(651) xxx-xxxx</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE  <b>Xxx-xx-xxxx</b>							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
<b>Original</b>	<b>1-48</b>	<b>48</b>	<b>4.40</b>	<b>211.20</b>		<b>211.20</b>	
Copy							
Expense (Itemize)							
<b>TOTAL AMOUNT CLAIMED:</b>						<b>211.20</b>	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee _____ <b>Court Reporter signs here</b> _____ <b>Date</b> _____ <b>date</b> _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  <b>PANEL ATTORNEY SIGNS HERE</b> _____ <b>date</b> _____ Signature of Attorney or Clerk      Date							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court      _____ Date						24. AMOUNT APPROVED	

